

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036886

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 3042

FILED OCT 11 1963

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)

FREDERICKTOWN

Length of stay in 1b

6 hrs.

c. FULL NAME OF (If NOT in hospital, give location)

MADISON MEMORIAL HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

MADISON

admission)

c. CITY

OR

TOWN

SACO

d. STREET

(If outside, give location)

ADDRESS

MO.

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DREW EY EMMETT PRIDAY

4. DATE OF DEATH

Month

Day

Year

SEPT. 27 1963

5. SEX

MALE

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-8-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GEN STORE

10b. KIND OF BUSINESS OR INDUSTRY

GROC. STORE

11. BIRTHPLACE (City and state or country)

SACO MO.

12. CITIZEN OF WHAT COUNTRY

USA.

13a. FATHER'S NAME

WILLIAM PRIDAY

13b. MOTHER'S MAIDEN NAME

ALMEDA CLARK

14. NAME OF HUSBAND OR WIFE

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. JIM TALLENT FREDERICKTOWN

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure 4341

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Cardiovascular Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 9, 1963

to

Sept. 27, 1963

and last saw her alive on Sept. 27, 1963

Death occurred at

2:20

a

m

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Arthur D. Newcomer M.D.

22b. ADDRESS

115 38 Wood Avenue Fredericktown, Mo.

22c. DATE SIGNED

9-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

9-29-63

23c. NAME OF CEMETERY OR CREMATORY

MT. PISGAH

23d. LOCATION (City, town, or county)

MADISON Co. MO.

24. FUNERAL DIRECTOR

ADDRESS

RAY WILSON FREDERICKTOWN

25. DATE RECD. BY LOCAL REG.

9-29-63

26. REGISTRAR'S SIGNATURE

Glenn H. Hicke Registrar

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0921

2 0920

3 1

4 0

5 2

6

7 0

8 0

9 4/22/1

10

11

12 1-0

13 1-0

OCT 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address FREDERICKTOWN MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.